


B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Shapes/Arch Holdings LLC		Case Number: 08-14631
<p>NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i></p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): Rohm and Haas Company</p> <p>Name and address where notices should be sent: Tyler S. Graden, Esq. 1515 Market St. 16th Floor Conrad O'Brien Gellman & Rohm Philadelphia, PA 19102-1916 Telephone Number: (215) 864-8087</p>		<p>Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p>
<p>Name and address where payment should be sent (if different from above):</p> <p>Telephone number: _____</p>		<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p>
<p>1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>		<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).</p> <p><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(9).</p>
<p>2. Basis for Claim: <u>Environmental liability. See Attached Complaint.</u></p>		
<p>3. Last four digits of any number by which creditor identifies debtor: _____</p> <p>3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)</p>		
<p>4. Secured Claim (See instruction #4 on reverse side.)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____ Annual Interest Rate _____ %</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____</p>		
<p>6. Credits: The amount of all payments on this claim.</p> <p>7. Documents: Attach redacted copies of any documents, purchase orders, invoices, itemized statements or security agreements. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest.</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATT. SCANNING.</p> <p>If the documents are not available, please explain: _____</p>		<p>Amount entitled to priority</p> <p>\$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>
<p>Date: May 14, 2008</p> <p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><u>Tyler S. Graden</u> Tyler S. Graden, Attorney for Rohm and Haas Company</p>		<p>FILED / RECEIVED</p> <p>FOR COURT USE ONLY</p> <p>MAY 15 2008</p> <p>EPIQ BANKRUPTCY SOLUTIONS, LLC</p>

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Shapes LLC		Case Number: 08-14632
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Rohm and Haas Company Name and address where notices should be sent: Tyler S. Graden, Esq. Conrad O'Brien Gellman & Rohn 1515 Market St., 16 th Floor Philadelphia, PA 19102-1916 Telephone Number: (215) 864-8087		Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(9).
2. Basis for Claim: <u>Environmental liability. See Attached Complaint.</u>		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al. 08-14631 (GMB) 0000000572 		
7. Documents: Attach redacted copies of any document purchase orders, invoices, itemized statements or run security agreements. You may also attach a summary of perfection of a security interest. You may also attach side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACH SCANNING. If the documents are not available, please explain: _____		
Date: May 14, 2008 <u>5/14/08</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>Tyler S. Graden</u> Tyler S. Graden, Attorney for Rohm and Haas Company	
Amount entitled to priority \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> FILED / RECEIVED FOR COURT USE ONLY MAY 15 2008 EPIQ BANKRUPTCY SOLUTIONS, LLC </div>		

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Ultra LLC		Case Number: 08-14633
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Rohm and Haas Company Name and address where notices should be sent: Tyler S. Graden, Esq. 1515 Market St., 16 th Floor Conrad O'Brien Gellman & Rohm Philadelphia, PA 19102-1916 Telephone Number: (215) 864-8087		Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(9).
2. Basis for Claim: Environmental liability. See Attached Complaint.		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim claim. 7. Documents: Attach redacted copies of any documents, purchase orders, invoices, itemized statements or run security agreements. You may also attach a summary of perfection of a security interest. You may also attach side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACH SCANNING. If the documents are not available, please explain:		
Date: May 14, 2008 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> Tyler S. Graden, Attorney for Rohm and Haas Company </div> </div>		Amount entitled to priority \$ _____ <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>

Filed: USBC - District of New Jersey - Camden
Shapes/Arch Holdings L.L.C., Et AL
08-14631 (GMB) 0000000571




FILED / RECEIVED

FOR COURT USE ONLY


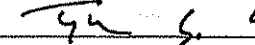
MAY 15 2008

EPIQ BANKRUPTCY SOLUTIONS, LLC

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Delair LLC		Case Number: 08-14634
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Rohm and Haas Company Name and address where notices should be sent: Tyler S. Graden, Esq. 1515 Market St. 16 th Floor Conrad O'Brien Gellman & Rohn Philadelphia, PA 19102-1916 Telephone Number: (215) 864-8087		Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(if known)</i> Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.
2. Basis for Claim: Environmental liability. See Attached Complaint.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)().
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		Amount entitled to priority \$ _____ <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim.		
7. Documents: Attach redacted copies of any purchase orders, invoices, itemized statements security agreements. You may also attach a sur of perfection of a security interest. You may al side.) DO NOT SEND ORIGINAL DOCUMENTS. SCANNING. If the documents are not available, please explain:		
Date: May 14, 2008 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> 5/14/08 </div> <div style="text-align: center;">  Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al. 08-14631 (GMB) 0000000570 dence rse TER </div> </div> Tyler S. Graden, Attorney for Rohm and Haas Company		<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> FILED / RECEIVED FOR COURT USE ONLY MAY 15 2008 </div> EPIQ BANKRUPTCY SOLUTIONS, LLC

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEW JERSEY		PROOF OF CLAIM	
Name of Debtor: Accu-Weld LLC				Case Number: 08-14635	
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>					
Name of Creditor (the person or other entity to whom the debtor owes money or property): Rohm and Haas Company			Check this box to indicate that this claim amends a previously filed claim.		
Name and address where notices should be sent: Tyler S. Graden, Esq. 1515 Market St. 16 th Floor Conrad O'Brien Gellman & Rohm Philadelphia, PA 19102-1916 Telephone Number: (215) 864-8087			Court Claim Number: _____ (If known)		
Name and address where payment should be sent (if different from above):			Filed on: _____		
Telephone number: _____			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.		
1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.			5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.		
2. Basis for Claim: <u>Environmental liability. See Attached Complaint.</u>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(9).		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			Amount entitled to priority \$ _____		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____					
6. Credits: The amount of all payments on this claim. 7. Documents: Attach redacted copies of any purchase orders, invoices, itemized statements security agreements. You may also attach a statement of perfection of a security interest. You may also attach a statement of perfection of a security interest. You may also attach a statement of perfection of a security interest. You may also attach a statement of perfection of a security interest. DO NOT SEND ORIGINAL DOCUMENTS. SCANNING. If the documents are not available, please explain:			Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., et al. 08-14631 (GMB) 0000000569  TER		
Date: May 14, 2008 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  Tyler S. Graden, Attorney for Rohm and Haas Company			FOR COURT USE ONLY MAY 15 2008 EPIQ BANKRUPTCY SOLUTIONS, L		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.